

State of North Carolina
Department of Environment,
Health and Natural Resources
Regional Health Office

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary
Leesha L. Fuller, Regional Manager



March 15, 1995

CERTIFIED MAIL NUMBER: Z-691 946 326
RETURN RECEIPT REQUESTED

Horace P. Bondurant
O. Harvey Griggs, Inc.
650 Riverside Drive
Mount Airy, NC 27030

SUBJECT: Underground Storage Tank (UST) Closure Assessment at Ned Martin Farm,
Route 6, Mount Airy, Surry County

Dear Mr. Bondurant:

The Groundwater Section of the Winston-Salem Regional Office is now reviewing the UST closure assessment for the subject location. In order to determine whether or not the closure was performed in accordance with State and Federal regulations, the Groundwater Section must be provided with the following information *30 days from receipt of this letter*:

- a USGS topographical quadreangle map OR County/City street map with the site location identified.

Your cooperation is appreciated. Providing the requested information by the deadline specified in this letter will prevent a Notice of Violation being issued to you for the failure to provide an adequate closure report.

Please refer to the file name, **Ned Martin Farm**, on the cover letter of your reply. This will help us speed up the review. If you have any questions please contact me at the letterhead address and/or telephone number.

Sincerely,

A handwritten signature in cursive script that reads 'Sabra Elder'.

Sabra Elder
Hydrogeological Technician II

cc: Regional Office Files

Z 691 946 326



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US 7 chs A25/ red martin farm

SENDER: *mt Airy*

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- Print your name and address on the reverse of this form so that we can return this card to you.
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Consult postmaster for fee.

<p>3. Article Addressed to:</p> <p>Horace P. Bondurant O. Harvey Griggs, Inc. 650 Riverside Drive Mount Airy, NC 27030</p>	<p>4a. Article Number <i>2-691 946 326</i></p> <p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p>7. Date of Delivery <i>3-17-95</i></p> <p>8. Addressee's Address (Only if requested and fee is paid)</p>
<p>5. Signature (Addressee) <i>[Signature]</i></p> <p>6. Signature (Agent) <i>[Signature]</i></p>	

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

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